

RESPONSE UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE TC/ART UNIT 2622

**PATENT APPLICATION** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

In re Application of:

Examiner: J.R. Pokrzywa

TORU MAEDA

TC/Art Unit: 2622

Application No.: 09/277,172

Filed: March 26, 1999

DEC 0 2 2003

For: IMAGE COMMUNICATION )
APPARATUS AND METHOD :

November 26, 2003

Technology Center 2600

Commissioner for Patents

Mailstop: AF P.O. Box 1450

Alexandria, VA 22313-1450

## **AMENDMENT AFTER FINAL ACTION**

Sir:

A Notice Of Appeal And Petition For Extension Of Time was filed in the present application on October 22, 2003. In response to the Office Action dated April 22, 2003, the Examiner is requested to amend the application as follows:

AF/2622 2700

In re Application of:

**TORU MAEDA** 

Application No.: 09/27

Filed: March 26, 1999

For: IMAGE COMMUNICATION APPARATUS

AND METHOD

Docket No. 03560.002368

Examiner: J.R. Pokrzywa

TC/Art Unit: 2622

Date: November 26, 2003

RECEIVED

DEC 0 2 2003

**Technology Center 2600** 

COMMISSIONER FOR PATENTS

Mail Stop: AF P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	**	0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 12	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

oVerified Statement claiming small entity status is enclosed, if not filed previously.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
<b>X</b>	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
·	Respectfully submitted,
	Attorney for Applicant Lock See 14-Jahnes Registration No. 38,667
30 R New	PATRICK, CELLA, HARPER & SCINTO ockefeller Plaza York, New York 10112-3801 imile: (212) 218-2200

Form #120

NY\_MAIN 346301v1